

DEPARTMENT OF LOCAL GOVERNMENT FINANCE  
REPORT OF APPEALING TAXING UNIT TO THE  
LOCAL GOVERNMENT TAX CONTROL BOARD

THE INFORMATION REQUESTED MUST BE COMPLETED IN TOTAL FOR EACH APPEAL TO BE CONSIDERED. THE REQUIRED INFORMATION MUST BE FILED WITH THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE ON OR BEFORE **SEPTEMBER 19, 2003**. FORWARD TO THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE THIS PAGE, PAGES APPLICABLE TO THE APPEAL(S) TO BE CONSIDERED, CERTIFICATION PAGE AND ANY SUPPORTING DOCUMENTATION ONLY. DO NOT FORWARD UNUSED PAGES. (Revised 05/03)

TAXING UNIT: \_\_\_\_\_

COUNTY: \_\_\_\_\_

FISCAL OFFICER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLEASE INDICATE BELOW THE TYPE AND AMOUNT OF APPEAL TO BE CONSIDERED

- \$\_\_\_\_\_

Reallocation of Property Tax Replacement Credit
- \$\_\_\_\_\_

Annexation, Consolidation or Extension of Services to Additional Geographic Areas or Persons
- \$\_\_\_\_\_

Operation of a New Court
- \$\_\_\_\_\_

Three Year Growth Factor Exceeding 1.03% of Statewide Growth Factor
- \$\_\_\_\_\_

Volunteer Fire Expenses
- \$\_\_\_\_\_

Fire Contract with a Municipality
- \$\_\_\_\_\_

Increased Police Pension Payments and Contributions
- \$\_\_\_\_\_

Increased Fire Pension Payments and Contributions
- \$\_\_\_\_\_

Poor Relief
- \$\_\_\_\_\_

Public Transportation
- \$\_\_\_\_\_

Hazardous Material Disposal (Solid Waste Facility)
- \$\_\_\_\_\_

Property Tax Shortfall Due to Erroneous Assessed Value
- \$\_\_\_\_\_

Correction of Advertising, Mathematical or Data Error
- \$\_\_\_\_\_

Firefighting Services
- \$\_\_\_\_\_

Voting System
- \$\_\_\_\_\_

Solid Waste
- \$\_\_\_\_\_

Operation of a New Jail/Juvenile Detention Facility

For consideration before the Local Government Tax Control Board all submissions must include, in addition to the information required for the type of appeal under consideration, the following (Please indicate by a [✓], or explanation of exclusion, attach indicated items.)

- ☐ Copy of Appeal Worksheet and Signed Certification. (Only submit the worksheet that is applicable to the appeal for which you are applying.)
- ☐ Copy of Ensuing Year Maximum Levy Sheet for Funds Under Appeal
- ☐ Copy of Ensuing Year Budget Proof of Publication
- ☐ Copy of Estimate of Miscellaneous Revenue (Budget Form 2) for Funds Under Appeal
- ☐ Copy of “16 Line” Financial Statement (Budget Form 4B) for Funds Under Appeal
- ☐ Copy of Resolution from Fiscal Body Approving the Excessive Levy Appeal.
- ☐ Ten (10) copies of all of the above including the appeal worksheet and the information required for the type of appeal under consideration.

#### NOTICE

THIS FORM AND SUPPORTING DOCUMENTATION AS REQUESTED MUST BE FILED WITH THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE ON OR BEFORE **SEPTEMBER 19** OF THE CALENDAR YEAR IMMEDIATELY PRECEDING THE ENSUING BUDGET YEAR. SUBMISSIONS BEARING POSTMARKS OF SEPTEMBER 19 OR BEFORE WILL BE HONORED. IN ADDITION, THE PROVISIONS OF IC 6-1.1-17-3(A)(4) REQUIRES THAT ANY REQUESTS FOR EXCESSIVE LEVY APPEALS BE PUBLISHED AS A PART OF THE NOTICE TO TAXPAYERS OF THE ESTIMATED BUDGET. FAILURE TO COMPLY WITH IC 6-1.1-17-3(A)(4) MAY BE CAUSE FOR DENIAL. ALL REQUESTS FOR CONSIDERATION FOR AN APPEAL MUST BE SPECIFIC.

APPEALS MUST BE FILED WITH THE DLGF CENTRAL OFFICE IN INDIANAPOLIS TO BE CONSIDERED.

**REALLOCATION OF PROPERTY TAX REPLACEMENT CREDIT**  
**(IC 6-1.1-18.5-13a(1))**

1. Indicate in precise terms why a reallocation is necessary.
2. Amount of Reallocation Requested: \$ \_\_\_\_\_
3. Has a reallocation been previously granted within the previous five (5) years? (If so, indicate the year(s) and amount(s).)
4. What measures can be taken to prevent the necessity of this appeal in future years?
5. If unit is a City or Town, was consideration made to transfer Cumulative Capital Improvement funds to the General Fund? (If so, please state amount: If not, explain why consideration was not given.)
6. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**ANNEXATION, CONSOLIDATION, EXTENSION OF SERVICES**  
**(IC 6-1.1-18.5-13a(2))**

1. State the time frame of annexations to be considered.

As of March 1:

Year\_\_\_\_\_ Year\_\_\_\_\_

Year\_\_\_\_\_ Year\_\_\_\_\_

2. In consideration of question 1 above, what levy increases were granted under IC 6-1.1-18.5-3(b) for each budget year as certified by the County Auditor? (This question relates to increases in the maximum levy that were granted as a result of the increased assessed value at the time of annexation.)

3. Specifically what types of services will be needed and/or increased due to the annexation?

4. State, for each year of annexation and for the budget classification indicated below, the increased expenses due to annexation for which the appeal should be considered. (Attach separate sheets, if necessary.)

Annexation Year:_____		
(1)	Personal Services	\$_____
(2)	Supplies	\$_____
(3)	Other Services and Charges	\$_____
(4)	Capital Outlays	\$_____
(5)	Total	\$_____

*Note: The above is required to be completed for consideration of this appeal.*  
(Attach additional sheets as necessary)

**APPEAL AMOUNT**

(a)	Total Amount of Appeal (must be supported by question 3 above)	\$_____
(b)	Total amounts from question 2 above	\$_____
(c)	Line (a) – (b)	\$_____
(d)	Number of years attributable to line (a) above _____	
(e)	Divide line (c) by line (d)	\$_____

Note: If a unit is appealing for multiple years, consideration will only be given to the *average* budget increase over the period of annexation.

Please include with the appeal copies of the annexation resolution/ordinance and any Fiscal Plans for the years to be considered.

5. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**COSTS OF OPERATING COURTS ESTABLISHED BY THE GENERAL ASSEMBLY**  
**IN LEGISLATION ENACTED AFTER 1973**  
**(IC 6-1.1-18.5-13a(3))**

1. Name of Court: \_\_\_\_\_
2. Year established: \_\_\_\_\_
3. Operating costs for courts first full year of existence: \_\_\_\_\_
4. Name of court replaced: \_\_\_\_\_
5. Operating cost of court that was replaced for year immediately preceding new Court.

Personal services: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Other services and charges \$ \_\_\_\_\_

Capital outlays \$ \_\_\_\_\_

6. State the type and amount of revenues that will be applied to the operation of the Court in the ensuing budget year.

10. Indicate the following:

(a) Current year actual expenses of the Court \$ \_\_\_\_\_

(b) Ensuing year budget for the Court \$ \_\_\_\_\_

(c) Has the unit appealed for this increase in prior years: (Y) (N)

8. State precisely why the additional increase to the maximum levy is required.
9. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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VOLUNTEER FIRE EXPENSE  
(IC 6-1.1-18.5-13a(5))

1.

(a) Current year approved fire budget

\$ \_\_\_\_\_

(b) Approved additional appropriations for current year

\$ \_\_\_\_\_

(c ) Expenses in (a) and (b) allocated for Full-time firefighters

\$ \_\_\_\_\_

(d) Current year volunteer fire expenses [a+b-c]

\$ \_\_\_\_\_

(e) Emergency loan(s) for volunteer fire expense

\$ \_\_\_\_\_

(f) Net current year volunteer fire expense [(d) – (e)]

\$ \_\_\_\_\_

(g) Multiply line (f) by 20%

\$ \_\_\_\_\_

(h) Lesser of line (g) or \$10,000

\$ \_\_\_\_\_

(i) Ensuing year approved budget

\$ \_\_\_\_\_

(j) Expenses in (i) allocated for full-time firefighters

\$ \_\_\_\_\_

(k) Net ensuing year volunteer fire budget [(i) – (j)]

\$ \_\_\_\_\_

(l) Increase in expenses [ (k) – (f) ]

\$ \_\_\_\_\_

(m) Qualifying amount [ lesser of (h) or (l) ]

\$ \_\_\_\_\_

2.

THIS SECTION IS REQUIRED TO BE COMPLETED

Of the amount of levy increases for which the unit qualifies (line (m) above), list the specific appropriations that have increased by indicating the following:

**Qualifying expenses include: Hydrant rental, Insurance, Clothing Allowance, Gasoline, Oil, Repairs, Supplies, Building Utility Costs, Contractual Payments**

Expense item	Current year expense	Ensuing year expense	Increase
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3.

Number of current year volunteer firemen

\_\_\_\_\_

Number of ensuing year volunteer firemen

\_\_\_\_\_
4.

(a) January 1 (current year) cash balance of the firefighting fund:

\$ \_\_\_\_\_

(b) Prior year encumbrances carried forward:

\$ \_\_\_\_\_

(c) January 1 (current year) net cash balance (a) minus (b)

\$ \_\_\_\_\_

5.

Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made.If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**FIRE CONTRACT WITH A MUNICIPALITY**

**(IC 6-1.1-18.5-13a(11))**

***Note: Only Townships qualify for this appeal.***

1. Name of Municipality: \_\_\_\_\_ County: \_\_\_\_\_
2. Amount of Appeal Requested:        \$ \_\_\_\_\_
3. If, for the Municipality, the Fire Budget is within the General Fund, complete the following:
  - (a) Current Year DLGF Approved Municipal General Fund Budget        \$ \_\_\_\_\_
  - (b) Current Year DLGF Approved Municipal Fire Budget                        \$ \_\_\_\_\_
  - (c) Current Year General Fund Rate of Municipality                        \$ \_\_\_\_\_
  - (d) Current Year Township Fire Rate    \$ \_\_\_\_\_

If the Municipality has a separate Fire Fund, complete the following:

  - (a) Current Year Municipal Fire Rate    \$ \_\_\_\_\_
  - (b) Current Year Township Fire Rate    \$ \_\_\_\_\_
4. For the past three (3) years, state the year and amount of fire excessive levy appeals approved by the Department of Local Government Finance.
5. Within the past three (3) years, has the appealing unit been granted approval of an Emergency Loan for fire operating expenses? (If so, state year and approved amount.)
6. Is the contract between the appealing unit and municipality negotiated? Explain how the contractual amount is determined.
7. Attach a copy of the most recent contract with the Municipality.
8. Does the Municipality have a full-time fire department?
9. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**POLICE PENSION PAYMENTS AND CONTRIBUTIONS**  
**(IC 6-1.1-18.5-13a(6))**

(Please note that the following information is divided between Unit Contributions and Pension Payments)

<b>CONTRIBUTIONS</b>	
(a) Number of Personnel for which Contributions were made for Ensuing Year	_____
(b) Number of Personnel for which Contributions are to be made for Current Year	_____
(c) Increase in Personnel [Line (a) minus Line (b)]	_____
(d) Ensuing Year Contributions	\$ _____
(e) Current Year Contributions	\$ _____
(f) Increase in Contributions [(d) – (e)]	\$ _____

<b><u>PENSION PAYMENTS</u></b>	
(g) Ensuing Year Appropriations for Pension Payments	\$ _____
(h) Current Year Appropriations for Pension Payments	\$ _____
(i) Increase in Pension Payments [(g) – (h)]	\$ _____
(j) Number Anticipated to Receive Benefits for Ensuing Year	_____
(k) Number Receiving Benefits during Current Year	_____

<b><u>APPEAL CALCULATIONS</u></b>	
(l) Total Contributions and Payments Current Year [(e) + (h)]	\$ _____
(m) Multiply line (l) by 1.1	\$ _____
(n) Total Contributions and Payments for Ensuing Year [(d) + (g)]	\$ _____
(o) Amount to be Considered for Levy Increase [(n) – (m)]	\$ _____

Basis upon which the ensuing year contributions, as indicated in Line (d) above, were calculated for Police personnel:

(a) Position upon which contributions are based:	_____
(b) Salary of (a) above	\$ _____
(c) Percentage of Contribution	_____ %
(d) Multiply (b) times (c)	\$ _____
(e) Number of covered positions	_____
(f) Multiply (d) times (e)	\$ _____

Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**FIRE PENSION PAYMENTS AND CONTRIBUTIONS**  
**(IC 6-1.1-18.5-13a(6))**

(Please note that the following information is divided between Unit Contributions and Pension Payments)

CONTRIBUTIONS	
(a) Number of Personnel for which Contributions were made for Ensuing Year	_____
(b) Number of Personnel for which Contributions are to be made for Current Year	_____
(c) Increase in Personnel [Line (a) minus Line (b)]	_____
(d) Ensuing Year Contributions	\$ _____
(e) Current Year Contributions	\$ _____
(f) Increase in Contributions [(d) – (e)]	\$ _____

<u>PENSION PAYMENTS</u>	
(g) Ensuing Year Appropriations for Pension Payments	\$ _____
(h) Current Year Appropriations for Pension Payments	\$ _____
(i) Increase in Pension Payments [(g) – (h)]	\$ _____
(j) Number Anticipated to Receive Benefits for Ensuing Year	_____
(k) Number Receiving Benefits during Current Year	_____

<u>APPEAL CALCULATIONS</u>	
(l) Total Contributions and Payments Current Year [(e) + (h)]	\$ _____
(m) Multiply line (l) by 1.1	\$ _____
(n) Total Contributions and Payments for Ensuing Year [(d) + (g)]	\$ _____
(o) Amount to be Considered for Levy Increase [(n) – (m)]	\$ _____

Basis upon which the ensuing year contributions, as indicated in Line (d) above, were calculated for Fire personnel:

(a) Position upon which contributions are based:	_____
(b) Salary of (a) above	\$ _____
(c) Percentage of Contribution	_____ %
(d) Multiply (b) times (c)	\$ _____
(e) Number of covered positions	_____
(f) Multiply (d) times (e)	\$ _____

Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**POOR RELIEF**  
(IC 6-1.1-18.5-13a(7))

1. Has the township applied for and been granted a Poor Relief appeal in prior years?  
(If yes, please state the year and amount approved.)
  
2. Explain in detail the reason(s) and increase(s) in expenses that has caused the necessity to appeal.
  
  
  
  
  
  
  
  
  
3. (a) Current Year Poor Relief approved appropriations \$ \_\_\_\_\_  
(b) Current Year Poor Relief approved additional appropriations \$ \_\_\_\_\_  
(c) Total Current Year Appropriations (a + b) \$ \_\_\_\_\_  
(d) Ensuing Year adopted appropriations \$ \_\_\_\_\_  
(e) Current Year Poor Relief Rate \$ \_\_\_\_\_  
(f) Current Year Poor Relief assessed value divided by 100 \$ \_\_\_\_\_  
(g) Multiply line (e) by line (f) \$ \_\_\_\_\_  
(h) Multiply line (f) by \$.0167 \$ \_\_\_\_\_  
(i) Qualifying Amount [Subtract line (g) from line (h)] \$ \_\_\_\_\_
  
4. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**PUBLIC TRANSPORTATION**  
**(IC 6-1.1-18.5-13a(8))**

1. Amount of increase requested: \$ \_\_\_\_\_
2. Current assessed valuation: \$ \_\_\_\_\_
3. Rate increase (line 1 divided by (line 2 divided by 100)) \$ \_\_\_\_\_
4. Please provide a resolution of approval of levy increase by the legislative body of the municipality with the largest population where the unit provides public transportation services.
5. State the reason the unit cannot maintain the necessary level of funding for public transportation. (If due to loss of federal or other funds, please state type and amount).
6. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**HAZARDOUS WASTE**  
**(IC 6-1.1-18.5-13a(9))**

1. Authority:
- ☐ Removal of waste IC 13-7-8.7-1
- ☐ Remedial action IC 13-7-8.7-1
2. Requested increase \$ \_\_\_\_\_
3. Current assessed valuation \$ \_\_\_\_\_
4. Rate increase (line 2 divided line 3/100) \$ \_\_\_\_\_  
(increase may not exceed \$.0667)
5. Has the unit previously been granted this appeal: ☐ Yes ☐ No
6. If yes, state the year and the amount granted.
7. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**PROPERTY TAX SHORTFALL DUE TO ERRONEOUS ASSESSED VALUATION**

**(IC 6-1.1-18.5-16)**

(Appeal is only applicable to those funds under the maximum permissible levy as determined by IC 6-1.1-18.5-3)

1. State the taxing year(s) for which this appeal is to be considered and the amount to be considered for each year.
2. Describe in detail what caused the error(s) in assessed value and the dollar amount associated with the error(s).
3. The following information is required to be attached to this document for appeal consideration:
  - (a) County Form 127CER (Register of Certificates of Error) for the year(s) in which the shortfall occurred for each taxing district of which the unit is a taxing entity.
  - (b) County Form 17TC (Certificate of County Auditor of Tax Refund Claims) for each taxing district of which the unit is a taxing entity. Refunds must clearly indicate the assessment year for which the refund is claimed.
  - (c) County Form 22 (County Auditor's Certificate of Tax Distribution) for each year the unit is claiming a property tax shortfall.
4. In the past three (3) years, has the unit experienced a Levy Excess? [ ] Yes [ ] No  
(If Yes, state the taxing year and amount)
5. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**CORRECTION OF ADVERTISING, MATHEMATICAL OR DATA ERROR**  
**(IC 6-1.1-18.5-14)**

1. State the type, cause and budget year of the error(s).  
(The type and cause of error must be specific. Appeals requesting consideration for errors that “may” occur will not be honored.)
2. Date which error was found to exist.
3. State the ensuing year levy impact of the error. \$\_\_\_\_\_
4. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**FIREFIGHTING SERVICES**  
**(IC 6-1.1-18.5-13a(12))**

- 1. Does the Township provide fire protection services for all or part of the Township?
  
- 2. Has the Township borrowed under IC 36-6-6-14 during the preceding 3 years?
  
- 3. Has the Township received this appeal within the last 4 years? If yes, identify which year(s).
  
- 4. Amounts borrowed under IC 36-6-6-14:

2003: \$ \_\_\_\_\_

2002: \$ \_\_\_\_\_

2001: \$ \_\_\_\_\_

2000: \$ \_\_\_\_\_

- 5. The qualifying amount is the least amount borrowed in the preceding 3 years.  
  
\$ \_\_\_\_\_
  
- 6. Do you wish to have the approved increase phased in over a period not to exceed three (3) years?    ☐ **Yes**    ☐ **No**

- 7. If the answer to #6 above is yes, please list the amounts to be phased in for each of the three (3) years:

Year 1: \$ \_\_\_\_\_

Year 2: \$ \_\_\_\_\_

Year 3: \$ \_\_\_\_\_

- 8. Please provide a copy of the board resolution approving the phase-in.
  
  
  
  
  
  
  
  
  
  
- 9. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)



**VOTING SYSTEM**  
**(IC 6-1.1-18.5-13.6)**

***Note: Unit must have a Cumulative Voting Fund to qualify for this appeal.***

1. The County needs the increase to the maximum levy to pay for (check one):

- ☐ New Voting System Amount: \$\_\_\_\_\_
- ☐ Expansion/Upgrade of an Existing Voting System Amount: \$\_\_\_\_\_

2. Please provide an itemized listing of expenditures supporting the requested increase to the maximum levy.

3. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**SOLID WASTE**  
**(IC 13-21-3-15.5)**

1. What is the District's current property tax rate and levy?  
Rate: \_\_\_\_\_ Levy: \$ \_\_\_\_\_
2. What is the District's ensuing year's maximum levy limitation? \$ \_\_\_\_\_
3. What is the District's ensuing year's assessed valuation? \$ \_\_\_\_\_
4. The District's maximum allowable tax rate is:  
Ensuing Year Maximum Levy divided by (Ensuing Year Assessed Value divided by 100)  
\_\_\_\_\_/ ( \_\_\_\_\_/100) = \_\_\_\_\_  
(Ensuing Yr. Max. Levy) (Ensuing Yr. Assessed Value) (Maximum Rate)
5. What is the requested property tax levy? **(Cannot exceed line 2 above.)** \$ \_\_\_\_\_
6. What is the requested tax rate? (line 5 divided by (line 3 / 100))  
**(Cannot exceed max. rate in line 4 above.)** \$ \_\_\_\_\_
7. Has the unit previously been granted this appeal: [ ] Yes [ ] No
8. If yes, state the year and the amount granted.
9. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**OPERATION OF A NEW JAIL OR JUVENILE DETENTION FACILITY**  
**(IC 6-1.1-18.5-13-10)**

1. This appeal is for a **jail** in the amount of: \$\_\_\_\_\_

This appeal if for a **juvenile** detention center in the amount of: \$\_\_\_\_\_

(Note: if both a jail and juvenile detention center is opened in the county, the county must complete two separate applications.)

2. Year opened: \_\_\_\_\_

3. Is the jail or juvenile detention center subject to an order issued by a federal district court? (Y) (N)

4. If yes, please attach a copy of the court order with this application.

5. Has the court order been terminated?

6. Does the jail or detention center meet the American Correctional Association Jail Construction Standards and/or the Indiana jail operation standards adopted by the Department of Corrections? (Y) (N)

7. If no, attach supporting documentation supporting noncompliance to the above-mentioned standards.

8. Total operating costs of the jail or juvenile detention center that was replaced for the year immediately preceding the first full year of operations of the new jail or juvenile detention center:

Personal services:	\$_____
Supplies:	\$_____
Other services and charges	\$_____
Capital outlays	\$_____
Total	\$_____

9. Total operating costs of the jail or juvenile detention center for the first full year of existence:

Personal services:	\$_____
Supplies:	\$_____
Other services and charges	\$_____
Capital outlays	\$_____
Total	\$_____

10. State the type and amount of revenues that will be applied to the operation of the jail or juvenile detention center in the ensuing budget year.

11. Indicate the following:

(a) Current year actual expenses of the Jail or Juvenile Detention Center \$\_\_\_\_\_

(b) Ensuing year budget for the Jail or Juvenile Detention Center \$\_\_\_\_\_

(c) Has the unit appealed for this increase in prior years: (Y) (N)

12. State precisely why the additional increase to the maximum levy is required.

13. Has this unit transferred funds to the Rainy Day Fund during this budget year or the immediately preceding budget year? (If yes, please state the amount and the fund from which the transfer was made. If no, does the unit plan to transfer funds to the Rainy Day Fund in the near future?)

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**CERTIFICATION**

**I, the undersigned, hereby certify that the attached appeal information and supporting documentation is correct to the best of my knowledge and belief.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_**

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Forward all information to:  
Judy Robertson  
Department of Local Government Finance  
Budget Division  
100 North Senate Avenue, Room N1058  
Indianapolis, IN 46204